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**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

**FEE TRANSMITTAL**  
**For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)

<b>Complete if Known</b>	
Application Number	10/523,085-Conf. #8505
Filing Date	February 2, 2005
First Named Inventor	Hiroo Muramoto
Examiner Name	M. Bernshteyn
Art Unit	1713
Attorney Docket No.	20241/0202402-US0

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Small Entity</b>
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<b>Fee (\$)</b>	<b>Small Entity</b>
50	25

Each independent claim over 3 (including Reissues)

210	105
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Multiple dependent claims

370	185
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<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
19	- 29 =	x	=

<b>Multiple Dependent Claims</b>	
<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
2	- 3 =	x	=

HP = highest number of total claims paid for, if greater than 20.

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50 =	(round up to a whole number) x	=	

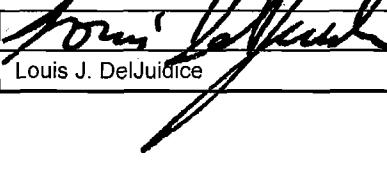
**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

**SUBMITTED BY**

Signature		Régistration No. (Attorney/Agent)	47,522	Telephone	(212) 527-7700
Name (Print/Type)	Louis J. DelJuidice			Date	September 12, 2008